

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		5-31-01
O.I.P.E. CLASSIFIER	ma		6/8/01
FORMALITY REVIEW	MD	654	7/19/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 = (Through numeral) ... Canceled
 = Restricted
 H Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
1	5/23/01	51		101	
2	5/23/01	52		102	
3	5/23/01	53		103	
4	5/23/01	54		104	
5	5/23/01	55		105	
6	5/23/01	56		106	
7	5/23/01	57		107	
8	5/23/01	58		108	
9	5/23/01	59		109	
10	5/23/01	60		110	
11	5/23/01	61		111	
12	5/23/01	62		112	
13	5/23/01	63		113	
14	5/23/01	64		114	
15	5/23/01	65		115	
16	5/23/01	66		116	
17	5/23/01	67		117	
18	5/23/01	68		118	
19	5/23/01	69		119	
20	5/23/01	70		120	
21	5/23/01	71		121	
22	5/23/01	72		122	
23	5/23/01	73		123	
24	5/23/01	74		124	
25	5/23/01	75		125	
26	5/23/01	76		126	
27	5/23/01	77		127	
28	5/23/01	78		128	
29	5/23/01	79		129	
30	5/23/01	80		130	
31	5/23/01	81		131	
32	5/23/01	82		132	
33	5/23/01	83		133	
34	5/23/01	84		134	
35	5/23/01	85		135	
36	5/23/01	86		136	
37	5/23/01	87		137	
38	5/23/01	88		138	
39	5/23/01	89		139	
40	5/23/01	90		140	
41	5/23/01	91		141	
42	5/23/01	92		142	
43	5/23/01	93		143	
44	5/23/01	94		144	
45	5/23/01	95		145	
46	5/23/01	96		146	
47	5/23/01	97		147	
48	5/23/01	98		148	
49	5/23/01	99		149	
50	5/23/01	100		150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy